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<p align="center"><b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b></p> <p> <input checked="checked" type="checkbox"/> Declaration Submitted with Initial Filing         OR         <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)       </p>		Attorney Docket Number	PAN01/001
		First Named Inventor	Merril et al.
		COMPLETE IF KNOWN	
		Application Number	/
		Filing Date	23 March 2001
		Group Art Unit	
		Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS FOR TREATING NEURODEGENERATIVE DISEASES  
INCLUDING ALZHEIMER'S

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

<input type="checkbox"/> was filed on (MM/DD/YYYY)	as United States Application Number or PCT International
--	--

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

application on which priority is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number  OR ☒ Correspondence address below

Name **Mary E. Gormley**  
**Panacea Pharmaceuticals, Inc.**

Address **9700 Great Seneca Highway**

City **Rockville** State **MD** ZIP **20850**

Country **US** Telephone **(240) 453-6295** Fax **(240) 465-0450**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name **Carl R.** Family Name **Merril**  
(first and middle [if any]) or Surname

Inventor's Signature *Carl R. Merrill* Date **03/23/2001**

Residence: City **Bethesda** State **MD** Country **US** Citizenship **US**

Mailing Address **6840 Capri Place,**

City **Bethesda** State **MD** ZIP **20817** Country **US**

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name **Hossein A.** Family Name **Ghanbari**  
(first and middle [if any]) or Surname

Inventor's Signature *Hossein A. Ghanbari* Date **3/23/01**

Residence: City **Potomac** State **MD** Country **US** Citizenship **US**

Mailing Address **9460 Tobin Circle**

City **Potomac** State **MD** ZIP **20854** Country **US**

☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box 

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

March 23, 2001

Merril et al.

PAN01/001

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Place Customer  
Number Bar Code  
Label here

Name	Registration Number
Mary E. Gormley	34,409

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Carl R. Merrill

Hossein A. Ghanbari

Signature

*Carl R. Merrill*

*Hossein A. Ghanbari*

Date

3/23/01

3/23/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.